

For Office Use Only

Card #: _____ Application Date: _____ Benefit Amount: \$ _____
 Disaster Authorization Period: Begin: _____ End: _____ Household Size: _____

APPLICATION FOR THE DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (D-SNAP)

Complete this application truthfully and to the best of your knowledge. If your household refuses to give any requested information, D-SNAP will not be granted. You must give proof of your identity when you are interviewed. You may have to prove any questionable expenses. You can give permission for someone else to apply for help or help you get and use your D-SNAP.

<i>Head of Household</i>	<i>Telephone Number Where You Can Be Reached</i> Permanent: _____ Temporary: _____
<i>Permanent Home Address</i> Street: _____ City: _____	<i>Temporary Address</i> Street: _____ City: _____

PART A - HOUSEHOLD MEMBERS AND HOUSEHOLD INCOME

List the people in your household, including yourself. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD. List each household member's Social Security number and date of birth. List the source and amount of take home pay as well as any other income that is or will be received by your household while the emergency program is running. The Social Security number is not required by law but is helpful to identify your household members and to make sure they are eligible for D-SNAP. It may be used for computer matching program reviews or audits.

HOUSEHOLD MEMBERS					INCOME	
Name	Social Security No.	Birth Date	Are you Hispanic or Latino?	Racial Origin Code(s)*	Source/Type	Amount

*Racial Origin Code(s):
 (Enter a letter for all that apply.) **A** = Asian **B** = Black or African Descent **C** = White
 N = Native American or Alaska Native **P** = Native Hawaiian or Other Pacific Islander

PART B - HOUSEHOLD SITUATION

Do you get cash assistance from the Department of Social Services? ☐ Yes ☐ No

Was your household living in the disaster area at the time of the disaster? ☐ Yes ☐ No

If you answered yes to the above question, please initial the statements that apply to your household situation:

- _____ The disaster damaged or destroyed my home or self-employment property.
- _____ The disaster delayed, reduced or stopped my household's income.
- _____ My household has money in the bank that I cannot access because of the disaster.
- _____ My household has additional expenses as a result of the disaster.
- _____ My household will be buying food during the D-SNAP assistance period.
- _____ My household currently receives SNAP assistance in _____ (Town).
- _____ My food valued at \$ _____, was destroyed in the disaster.
- _____ My EBT card was destroyed or is inaccessible due to the disaster.

PART C - HOUSEHOLD ASSETS AND EXPENSES

List all cash your household will be able to get to during this disaster. List the disaster-caused expenses that your household paid or expects to pay during this disaster. **DO NOT INCLUDE EXPENSES THAT WERE PAID OR WILL BE PAID BY SOMEONE OUTSIDE YOUR HOUSEHOLD. Do not write in the shaded area.**

ASSETS	AMOUNT	ELIGIBILITY COMPUTATION	
Cash on Hand		1. Total Anticipated Income	\$ _____
Checking Accounts		2. Total Accessible Cash Assets	\$ _____
Savings Accounts		3. Add #1 and #2	\$ _____
EXPENSES	AMOUNT	4. Total Disaster Expenses	\$ _____
Food destroyed in disaster		5. Subtract #4 from #3	\$ _____
Dependent care due to disaster		6. Maximum Gross Income Limit	\$ _____
Funeral/medical expenses due to disaster			
Moving and storage costs due to disaster		7. Eligible: #5 is less than or equal to #6	_____
Temporary shelter expenses		8. Ineligible: #5 is greater than #6	_____
Cost to protect property during disaster			
Cost to repair or replace items for home or self-employment property			
Other disaster-related expenses			

PART D - PENALTY WARNING

If your household gets D-SNAP, it must follow the rules listed below. We may choose your household for a Federal or State review some time after you receive your D-SNAP benefits to make sure you were eligible for disaster aid.

DO NOT give false information or hide information to get or to continue to get D-SNAP.

DO NOT give or sell D-SNAP benefits or authorization documents to anyone not authorized to use them.

DO NOT alter any D-SNAP benefits or authorization document to get D-SNAP when you are not eligible.

DO NOT use D-SNAP benefits to buy unauthorized items such as alcohol or tobacco.

DO NOT use another household's D-SNAP benefits or authorization document for your household.

PART E - CERTIFICATION AND SIGNATURE

I understand the questions on this application and the penalties for hiding or giving false information. My household is in need of immediate food assistance as a result of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a hearing.

APPLICANT, AUTHORIZED REPRESENTATIVE OR WITNESS (if signed with an X)

DATE

WORKER NAME

SIGNATURE

DATE